



GEORGIA MEDICAID FEE-FOR-SERVICE ANTIPARKINSON AGENTS PA SUMMARY

Preferred	Non-Preferred
Apokyn (apomorphine)	Azilect (rasagiline)*
Bromocriptine generic	Carbidopa generic
Carbidopa/levodopa generic	Carbidopa/levodopa/entacapone generic
Carbidopa/levodopa ER/SR generic	Carbidopa/levodopa ODT generic
Comtan (entacapone)	Entacapone generic
Lodosyn (carbidopa)	Mirapex ER (pramipexole ER)
Pramipexole IR generic	Requip XL (ropinirole ER)
Ropinirole IR generic	Ropinirole ER generic
Selegiline capsules and tablets generic	Zelapar (selegiline ODT)
Stalevo (carbidopa/levodopa/entacapone)	

*PA not required; IR=immediate-release; ER=extended-release; SR=sustained-release; ODT=orally disintegrating tablets

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- ❖ If ropinirole ER generic is approved, the PA will be issued for brand Requip XL.
- ❖ For Neupro criteria, please see the Neupro PA Summary.

PA CRITERIA:

For Carbidopa Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product brand Lodosyn is not appropriate for the member.

For Carbidopa/Levodopa/Entacapone Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product brand Stalevo is not appropriate for the member.

For Carbidopa/Levodopa ODT Generic

- ❖ Approvable for the diagnosis of Parkinson's disease or parkinsonism when members are unable to swallow solid oral dosage forms of medication.

For Entacapone Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product brand Comtan is not appropriate for the member.

For Mirapex ER

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product generic pramipexole IR is not appropriate for the member.



For Requip XL and Ropinirole ER Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product generic ropinirole IR is not appropriate for the member.

For Zelapar

- ❖ Approvable for the diagnosis of Parkinson's Disease or parkinsonism for members currently taking levodopa/carbidopa who are experiencing a deterioration in response to therapy

AND

- ❖ Member must be unable to swallow solid oral dosage forms of medication.

OR

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product generic selegiline is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.